

THE UNITED STATES PATENT AND TRADEMARK OFFICE  
In re Application: Paul E. Vasil et al.  
Serial No.: 09/718,179  
Filing Date: 11/21/00  
Title: Electronic Transaction Security Method  
Group Art Unit: 2164  
Examiner: Unknown  
Attorney's Docket No.: VASIL-01

Assistant Commissioner For Patents  
Washington, D.C. 20231

Receipt  
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Sir:

REQUEST FOR CORRECTION OF FILING RECEIPT

Applicants hereby request that the following corrections be made to the Filing Receipt which was issued for the above-identified patent application:

Please correct line 2 of the attorney's mailing address by changing "Pandisciao" to -- Pandiscio --; and

Please correct line 4 of the attorney's mailing address by changing "1741" to -- 1914 --.

The foregoing changes are believed necessary in order to make the filing receipt consistent with the application as filed, and to make certain that all correspondence from the Patent Office is timely received by Applicants' attorney.

A copy of the Filing Receipt as issued is enclosed for the convenience of the Patent and Trademark Office. The Filing Receipt has been marked by hand in red pen to reflect the foregoing requested changes.

Thank you.

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL, POSTAGE PREPAID, IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231, ON:

3/30/01

(DATE OF DEPOSIT)

Nicholas A. Pandiscio

(NAME OF ATTORNEY)

*Nicholas A. Pandiscio*

(SIGNATURE)

3/30/01

(DATE OF SIGNATURE)

Respectfully submitted,

*Nicholas A. Pandiscio*

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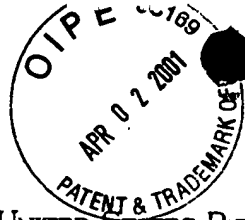
Reg. No. 17,293

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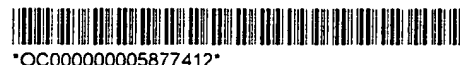
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/718,179	11/21/2000	2164	475	VASIL-01	2	19	6

## FILING RECEIPT

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\*OC000000005877412\*

Date Mailed: 03/19/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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Ronald Sandstrom, Winchester, MA ;

## Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 03/19/2001

\*\* SMALL ENTITY \*\*

## Title

Electronic transaction security method

## Preliminary Class

705

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Data entry by : NIMMONS, EVELYN

Team : 3700

Date: 03/19/2001





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Bib Data Sheet

CONFIRMATION NO. 9499

<b>SERIAL NUMBER</b> 09/718,179	<b>FILING DATE</b> 11/21/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2164	<b>ATTORNEY DOCKET NO.</b> VASIL-01	
<b>APPLICANTS</b> Paul E. Vasil, Medway, MA; Ronald Sandstrom, Winchester, MA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 03/19/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> Nicholas A Pandiscio Pandiscio & Pandiscio PC 470 Totten Pond Road Waltham, MA 02451-1914					
<b>TITLE</b> Electronic transaction security method					
<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		